

## Strategy & Planning Committee

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 February 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	An update on progress on recommendations outlined in the Hywel Dda University Health Board (HDdUHB) Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda'
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Dr Ardiana Gjini, Executive Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ben Williams, Principal Public Health Practitioner Dr Jo McCarthy, Consultant in Public Health

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The purpose of this paper is to provide an update on progress made against the 16 system-wide recommendations outlined in the Director of Public Health Annual Report 2024, titled 'Their Health, Our Future: Children and Young People's Health and Wellbeing in Hywel Dda'.

##### Cefndir / Background

In January 2025, the Executive Director of Public Health published their Annual Report which examined key health and wellbeing issues across the life course of children and young people aged 0–24 years. The report, formally adopted by the Health Board in November 2024, highlighted key public health challenges at the population level and showcased innovative responses relevant to each age group.

It set out 16 system-wide recommendations aimed at improving outcomes for children and young people across the region. These were developed in response to identified health inequalities, service pressures, and the need for a more coordinated approach to prevention and early intervention. The recommendations were to be delivered using existing resources, with Public Health leading the work, and were endorsed by the Health Board as part of its commitment to prioritising the health and wellbeing of children and young people.

Just over year on, this paper provides a timely update on progress made, highlighting achievements, ongoing challenges, and opportunities for further action.

##### Asesiad / Assessment

##### Knowledge mobilisation

Following the launch of the report in January 2025, a series of knowledge mobilisation activities have been undertaken to disseminate key messages and foster shared ownership of the 16 system-wide recommendations. Engagement figures from these activities include:

- **Website:** 252 views; 178 users
- **Press Release:** 194 views; 128 users
- **Presentations:** Delivered to the Regional Partnership Board (RPB), Regional Partnership Children and Young Persons Board, HDdUHB Children and Young Persons Oversight Group, Public Health Directorate Insight & Action forum, School Nursing Service Workforce Training Day
- **Workshops:** A programme of stakeholder workshops is planned to support development and delivery of the recommendations. These have been delayed to an appropriate time due to Health Board engagement in other key areas.

These activities have begun to generate positive impacts in terms of improved coordination and service design. Notable developments include:

- **Specialist Child and Adolescent Mental Health Services (S-CAMHS) Service Delivery Manager** – initiated a joint approach to improve access to mental health services for young people.
- **School Nursing** – strengthened collaboration, including presenting at the workforce development day and linking with the Healthcare Support Worker (HCSW) 2 programme and Electively Home Educated (EHE) service development.
- **Service Development Manager for Health Improvement** – exploring need and opportunity for a ‘Co-occurring Framework’ for pregnant mothers.
- **Service Development Manager for Complex Needs** – collaboration on complex needs and prevention work with ages 12+.
- **Internal Health Board Immunisation and Vaccination Meeting** – enhanced integration across the Starting & Developing Well S&DW team, Immunisation & Vaccination Team, and School Nursing.

### Partnerships

Strengthening system-wide partnership working and securing cross-sector buy-in is critical to the successful development and implementation of the recommendations. Progress has been made with multi-agency partners, including Local Authorities and wider Health Board colleagues, reflecting a shared commitment to prioritising the wellbeing of children and young people.

The RPB’s Children and Young People’s (CYP) Board has now agreed five regional priorities, a number of which align closely with the recommendations set out in the Director of Public Health’s report. Work is ongoing and at varying stages of development across these priority areas.

A number of Programme and Project Boards have either been established or are currently in development under each priority. These Sub-boards will support the identification, design, implementation, and evaluation of interventions that we expect will contribute meaningfully to the delivery of several of the report’s recommendations.

### Actions to date

In January 2025, the S&DW team undertook a Responsible, Accountable, Supportive, Consulted, Informed (RASCI) mapping exercise to assess alignment between its existing strategic and operational framework and the suite of recommendations set out in the DPH

report. The exercise demonstrated that the team's current commitments contribute to 11 of the 16 recommendations, with varying levels of involvement and responsibility.

Within the Public Health Directorate, other teams also play a direct role in progressing the recommendations - most notably the Smoking Cessation Team and the Immunisations and Vaccinations Team. Beyond Public Health, several key services within the Health Board are also integral to delivery, including Maternity services, Health Visiting, School Nursing, and S-CAMHS/Mental Health.

### Programmes and Projects Supporting Delivery

A number of programmes and projects have been delivered or are currently underway that contribute directly to the implementation of the recommendations. These span the life course and reflect multi-agency collaboration across the region:

#### *First 1000 Days:*

- **Infant Feeding Service Pilot** – Delivered in partnership with Maternity Services and Health Visiting.
- **Food, Nutrition & Movement Programme** – Developed collaboratively with partners (e.g. Carmarthenshire County Council).
- **StARTing Well Project** – In partnership with Perinatal Mental Health and Arts in Health teams.

#### *Early Years:*

- **Pembrokeshire Integrated Plan (Priority 1: Best Start In Life)** - Development of a universal parenting programme focused on school readiness.
- **Enabling Quality Improvement Programme (EQIIP) School Readiness Project** - Supporting toileting in preparation for school.
- **Ceredigion School Readiness Working Group** - A multi-agency partnership initiative.
- **Healthy & Sustainable Pre-School Scheme (HSPSS)** - Promoting health and wellbeing in early years settings.

#### *Primary and Secondary School Age Children:*

- **Welsh Network of Health & Wellbeing Promoting Schools (WNHWPS)** - Supporting whole-school health promotion.
- **Whole School Approach to Emotional & Mental Wellbeing (WSAEMWB)** - Embedding mental wellbeing across school communities.

#### *Late Adolescence and Early Adulthood:*

- **Rapid Evidence Review** - Commissioned from Health & Care Research Wales (HCRW) Evidence Centre to explore the effectiveness of interventions supporting mental and emotional wellbeing in young people not in education, employment or training (NEET). The review has been published in preprint format, with knowledge mobilisation activities currently in development. Work on initial intervention scoping and design is underway, alongside ongoing partnership development activities.

### Strengths

A considerable amount of work is underway within both the S&DW Team and with our partners, who remain strongly committed to this agenda. The timing of the report and its associated actions coincides with our review of Children's Mental Health services, as well as the refresh of both internal and partnership groups focused on children and young people's health. This alignment has enabled us to play a central role in shaping the priorities for the coming year.

## Weaknesses

### **Team Capacity**

Progressing some of the recommendations at pace has been challenging due to limited team capacity. Early on, it was identified that additional resource was needed within the S&DW Team, particularly in two key areas: Early Years and 16–24 year olds. The latter currently lacks any dedicated resource, which has constrained progress. With completion of the Public Health Directorate Organisational Change Process and recruitment into the team, it is anticipated that capacity will increase to drive forward delivery of actions in line with the recommendations.

### Next steps

The S&DW Team is proposing the following actions to further advance efforts to improve health and wellbeing of children and young people across Hywel Dda:

- **Allow time for system-level change**  
Given that fewer than three full quarters have passed since the report's launch, and considering the complexity and interdependent nature of the recommendations, more time is required to embed and realise meaningful system-level change.
- **Sustain and scale successful programmes**  
Several programmes have already demonstrated success and impact. Continued funding and support are essential to maintain momentum and ensure these initiatives can deliver long-term outcomes.
- **Increase capacity to accelerate progress**  
Additional capacity is required to fully address all 16 recommendations. In particular, increasing resources within key areas such as Early Years and the 16–24 age group. This would enable faster progress and more effective strategic partnership working.
- **Develop a robust evaluation framework**  
To monitor progress and assess impact over time, a comprehensive evaluation framework should be developed. Commissioning an academic partner (e.g., university), could support the design and delivery of this framework, ensuring rigour and independence.
- **Commit to medium- and long-term investment**  
A sustained and enhanced commitment to investment is needed across staffing, commissioning, and programme delivery. This will ensure continuity, stability, and the ability to plan and deliver at scale.
- **Establish a strategic plan for children and young people**  
Develop a medium- to long-term strategic plan (e.g., a five- to ten-year Health Board-wide plan for children and young people) to secure organisational and partner commitment, guide resource allocation, and drive system-wide collaboration. The internal CYP Oversight Group could coordinate this work to ensure alignment, optimise capacity, reduce siloed working, and strengthen collective action to improve outcomes for children and young people.

## Extended Analysis of Children and Young People Public Health Initiatives

Following the Business Executive Team (BET) meeting on 12 November 2025, the CYP strategic leads in the Public Health Directorate were asked to develop a matrix outlining current and potential CYP Public Health initiatives. The purpose is to assess the anticipated impact of each intervention and the estimated timescale for realising measurable population-level outcomes, in order to support prioritisation and strategic decision-making.

A range of public health interventions targeting CYP health and wellbeing are currently in place across the Health Board. These vary in maturity, from fully embedded “business as usual” activities to pilot initiatives and early-stage concepts not yet active. A structured approach is required to compare these interventions consistently and transparently, and to inform discussions on resource allocation, forward planning, and alignment with organisational priorities.

A matrix has been developed to assess each intervention against two dimensions:

### 1. Impact

Defined as: ‘The estimated percentage to which the intervention would positively influence the health and wellbeing of children and young people.’ (e.g. % reduction in obesity prevalence, % improvement in wellbeing scores).

**This reflects the measurable effect that an intervention has on the health and wellbeing outcomes of the entire population of CYP in the Hywel Dda region.**

Caution is needed when assessing population-level interventions, as targeted approaches aimed at specific cohorts may not produce a large overall population level effect size. However, they can still have significant impact by delivering meaningful benefits to those with the greatest needs, reducing future demand among high-intensity service users, and helping to reduce health inequities and inequalities by focusing support where it is needed most.

### 2. Timescale

Defined as: ‘The anticipated timeframe in which measurable outputs or outcomes could be realised and evidenced at a cohort or population level.’

**This reflects how quickly the ‘impact’ or change can be demonstrated following implementation of the intervention.**

It is important to recognise that different types of impact will emerge at different stages of an intervention’s lifecycle. For example, an intervention categorised as ‘long term’ in relation to demonstrating sustained population-level improvements in health and wellbeing may still generate earlier outputs and outcomes. These can include knowledge gains, behaviour change, shifts in practice, and other short to medium term indicators that signal progress before longer-term effects become measurable.

### Strength of evidence

The current ratings are based on professional judgement informed by available intelligence and operational knowledge. They do not yet draw on formal evidence reviews, and the strength of evidence supporting each rating varies. Further methodological development would be required to improve rigour and reproducibility.

*Figure 1: Impact vs Timescales of CYP public health interventions*

#	Intervention	Themes	Impact	Timescale
1	Infant Feeding Service		High	Medium Term

	Supports parents to establish safe, healthy infant feeding practices and improve early nutrition.	Child Development; Prevention; Parenting Support; Healthy Weight; Health Promotion		(1-5 yrs)
2	<b>Peri-natal Mental Health / Arts in Health Intervention</b> Provides emotional and creative therapeutic support for parents during the perinatal period to strengthen wellbeing and bonding.	Mental Health; Child Development Prevention; Parents	Moderate	Short Term (1-12 mnths)
3	<b>Food, Nutrition &amp; Weaning</b> Helps families adopt healthy feeding routines and introduce nutritious foods safely during early childhood.	Child Development; Prevention; Healthy Weight	High	Medium Term (1-5 yrs)
4	<b>Healthy &amp; Sustainable Pre-School School Scheme (HSPSS)</b> Promotes whole-setting approaches to physical, emotional, nutritional, and environmental wellbeing in early years settings.	Setting Based; Health Promotion; Prevention; Child Development; Education	Moderate	Medium Term (1-5 yrs)
5	<b>Welsh Network of Health &amp; Wellbeing Promoting Schools</b> Supports schools to embed health, wellbeing, and equity within their ethos, curriculum and environment.	Health Promotion; Prevention; Education	High	Long Term (5-10 yrs)
6	<b>Whole School Approach to Emotional &amp; Mental Wellbeing</b> Creates a consistent, school-wide system for supporting pupils' mental health, resilience and positive relationships.	Mental Health; Prevention; Education	High	Medium Term (1-5 yrs)
7	<b>Supporting Mental Health &amp; Wellbeing of NEET young people</b> Provides targeted emotional, social and wellbeing support for young people not in education, employment, or training.	Targeted; Mental Health; Prevention	Moderate	Short Term (1-12 mnths)
8	<b>L2 Healthy Weight Interventions (e.g. Children and Families Programme (PIPYN); Healthy Families)</b> Offers structured early-intervention programmes to help families adopt healthier lifestyle behaviours.	Families; Prevention; Health Promotion; Healthy Eating; Targeted	Moderate	Medium Term (1-5 yrs)
9	<b>Healthy Child Wales Programme (HCWP)</b> Delivers universal screening, immunisation and developmental support for children aged 0–7.	Child Development; Monitoring; Prevention; Child Development	Very High	Long Term (5-10 yrs)
10	<b>Flying Start</b> Provides enhanced early years support for families in disadvantaged areas to improve child development and wellbeing.	Parents; School Readiness; Education; Child Development; Prevention	High	Medium Term (1-5 yrs)
11	<b>Healthy Child Wales Programme 2 (HCWP2)</b> Sets out the national school-aged health model offering universal health, development, and wellbeing support for ages 5–16.	Schools; Prevention; Health Promotion; Monitoring; Education	Very High	Long Term (5-10 yrs)
12	<b>Designed to Smile</b> A national oral health programme helping young children prevent tooth decay through supervised brushing and fluoride varnish.	Prevention; Health Promotion; Setting Based; Child Development	High	Medium Term (1-5 yrs)
13	<b>Specialist Co-occurring Mental Health &amp; Substance Use Service</b> Provides targeted support for young people experiencing both substance use and mental health difficulties.	Clinical; Targeted; Mental Health; Prevention	Low	Short Term (1-12 mnths)
14	<b>Physical Activity</b> Encourages regular movement and active lifestyles to improve children's physical and mental wellbeing.	Health Promotion; Prevention; Education; Schools; Local	High	Medium Term (1-5 yrs)
15	<b>Smoking &amp; Vaping (e.g. JUSTB)</b> Prevents uptake and supports reduction of smoking and vaping through education and targeted interventions.	Prevention; Health Promotion; Education; Schools	Moderate	Medium Term (1-5 yrs)

16	<b>Alcohol</b> Reduces alcohol-related harm among young people through prevention, education and early support.	Prevention; Health Promotion; Education; Targeted	High	Medium Term (1-5 yrs)
17	<b>Sexual Health &amp; Relationships</b> Supports safe sexual health choices, relationship education and access to advice and contraception.	Prevention; Education; Schools; Health Promotion	High	Medium Term (1-5 yrs)
18	<b>Poverty</b> Addresses the impact of socioeconomic disadvantage on children's health, development and life outcomes.	Prevention; Access; Information	Very High	Very Long Term (10 yrs+)
19	<b>Injury Prevention &amp; Safety</b> Reduces unintentional injuries through education, environmental safety measures and risk-reduction strategies.	Prevention; Education; Health Promotion; Schools; Information	Moderate	Short Term (1-12 mnths)
20	<b>Digital Wellbeing &amp; Online Safety</b> Promotes safe, healthy digital behaviours and protects young people from online harms.	Prevention; Information; Schools; Education	High	Medium Term (1-5 yrs)
21	<b>Diabetes Early Intervention &amp; Referral Pathways</b> Ensures rapid identification, diagnosis and support for children with suspected or newly diagnosed diabetes.	Clinical; Prevention; Monitoring	Very Low	Short Term (1-12 mnths)
22	<b>Neurodevelopmental Health Support</b> Provides assessment and early support for children with neurodevelopmental needs such as autism or Attention Deficit Hyperactivity Disorder (ADHD).	Clinical; Child Development; Targeted; Prevention	High	Medium Term (1-5 yrs)

Should it be deemed appropriate to progress this work, next steps could include developing a more robust assessment framework that incorporates additional domains such as cost, cost avoidance, and equity considerations, while also strengthening the evidence base through systematic or rapid reviews, introducing Expert Stakeholder Panels, and applying additional quality assurance processes. Together, these enhancements would help make the matrix more transparent, consistent, and capable of supporting informed decision-making across the system.

### Argymhelliad / Recommendation

The Committee is asked to:

**RECEIVE ASSURANCE** from the progress on recommendations outlined in the Hywel Dda University Health Board (HDdUHB) Director of Public Health (DPH) Annual Report 2023/24: 'Their Health, Our Future: Advancing the Agenda for Children and Young People in Hywel Dda'.

- **CONSIDER** the value of further refining the intervention assessment methodology should the Committee view it as a helpful tool for informing future investment, strategic direction, or prioritisation decisions.

### **Amcanion: (rhaid cwblhau)** **Objectives: (must be completed)**

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the

	<p>provision of services to meet current and future population need.</p> <p>3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.</p>
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	Not Applicable
<p>Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	7. All apply
<p>Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a></p>	6. All Apply
<p>Amcanion Strategol y BIP: UHB Strategic Objectives:</p>	2. Healthier communities
<p>Amcanion Cynllunio Planning Objectives</p>	10 Population health
<p>Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a></p>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

#### Gwybodaeth Ychwanegol: Further Information:

<p>Ar sail tystiolaeth: Evidence Base:</p>	Outlined within the report
<p>Rhestr Termiau: Glossary of Terms:</p>	Outlined within the report
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:</p>	Not Applicable

#### Effaith: (rhaid cwblhau) Impact: (must be completed)

<p>Ariannol / Gwerth am Arian:</p>	Not Applicable
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<b>Financial / Service:</b>	
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Statutory requirement to publish annually.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable